MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	10291
EATH		52	

1. PLA	CE OF DEA	ТН			(57)	
Coun	nty Word	ester			Registration Dist. No.	314
	Village or City Girdletree (IF				No	St.,Ward
2. FUL		ordon W	.Adkins		If U. S. Veteran, specify WAR St.,Ward.	
			(Usual place		If nonresident give city or	
3. SEX	RSONAL AN	R OR RACE			MEDICAL CERTIFICATE OF DE	ATH
Male		ite	or Divorce	RIED, WIDOWED,  D (write the word)  1.00	21. DATE OF DEATH September 13 (Month) (Day)	th , 1935 . (Year)
5a, If marrie HUSBA (or) WI	d, widowed, or divent of Laura	G.Adki:	ns		22. I HEREBY CERTIFY, That I	attended decaased from
6. DATE OF	BIRTH (month, da Years	y, and year) Oc		st.1877.	to have occurred on the date steted above, at 2.0 10Am.	
7. AGE	57	11	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance as follows:	ance Date of onset
	Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc				Trasperna	Jr 10
10. Date	SAW MILL, BANK, a deceased last wo this occupation (mo year)	etc. rked et Augnth and 1932	11. Total t	ime (years) nt in this Life upation		
12. BIRTHPL	LACE (city or town)		er Coun	<b>t</b> y	Dther Contributory Causes of Importance:	3nx
₩ 13. NAM	ME Handy				Chine Culint	4 496
Щ (	THPLACE (city or to (State or country)	Wen) Morce	ster Co	unty	Name of operation	-
	DEN NAMMIS				23. If death was due to axternal causes (VIOL ENCE) fill In also the	
16. BIRT	THPLACE (city or to (State or country)	Mary Mary	ster Co land.	unty	Accident, suicide, or homicide? Date of Injur	
17. INFORMA (Add	ANT Mrs. L dress) Girdl	aura G.	Adkins.	•	(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or In Pl	y and State) UBLIC PLACE,
18. BURIAL,	GREMATION, OR J	REMOVAL		.15th 1935	Manner of injury	
19. UNDERTA	1.1	non P.	Steven	son	24. Was disease or injury in any way related to occupation of dece	
F 10-14	Sept 14.	^ -	nary m	_ 0	(Signed) (Address) The Address (Address)	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

	mpie 1		Example 11	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	OCT 9 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
44	Section 1.			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	3. FATHER   12   00CCUPATION   12   13   14   15   15   15   15   15   15   15
ertificate.	6. 7.
ION is very important. See instructions on back of certificate	occupation
instructions	THER 12
aportant. See	MOTHER FATHER
is very in	17
ION	19

1. PLACE OI		OF MARY	YLAND—	CERTIFICATE	OF DEAT	TH 10	0292
	orcester			(183)	Registration D	ist. No. 352	
Village or C	ity Mod Ocean  dence in city or town where	City, Md	(16	No. death occurred in a hospital or institution of the long in U.S. If	ution, give its NAME i	St.,St.,	
	ME Banjan		iggs 1.	St., Ward.		ve city or town and	· /
PERSON	AL AND STATIST	ICAL PARTIC	CULARS	MEDICAL C	CERTIFICATE	A STATE OF THE PARTY OF THE PAR	
Male	4. COLOR OR RACE White	S. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	Sept.	3rd.	, 193 5
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced			22. Seff EREB		That attended	deceased from
6. DATE OF BIRTH (	month, day, and year)	Wee 11	0 1888	Hect cay b alive on	, 10	19	- doath le said
7. AGE Year		Days 23	If LESS than 1 day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEA	ted above, at 47	D <sub>m</sub>	
NO kind of w SAWYER,	sion, or particular ork done, as SPINNER, BODKKEEPER, etc business in which	Lawyer		Accidental	Drovni	nc	Date of onset
Work was SAW MIL	done, as SILK MILL, L, BANK, etc.	11. Total tin	ne (year on e f	Decensed was s	usf bathing s. nat isval		
12. BfRTHPLACE (cit (State or coun		elela,		Other Contributory Canses of imp	ortance:		
13. NAME	cecer of a	Buy	s d				
13. NAME  14. BIRTHPLACE	(city or town)	dalflo	un	Name of operation		Oate of	
1 (State of	country)	wet		What test confirmed diagnosis?		Was there an a	utopsy?
15. MAIDEN NAM 16. BIRTHPLACE (State or 17. INFDRMANT	(city or town)	Alele Ref Rel	din 700	23. If death was due to external car Accident, suicide, or homicide? Where did injury occur? Massaft Specify whether Injury occurred i	Occidente Da	n also the following te of injury	:: , 19 , 19 
18. BURIAL, CREMATI	ON, OR REMOVAL	Dete FRE	10 35	Manner of injury			
19. UNDERTAKER(Address)	n Vasha	Tool,	Wel	24. Was disease or injury in any w	vey related to occupation	on of deceased?	0
20. FILED. 9/4	, 1935/2, 5	S. Mur	Registrar.	(Signed) (Address)	John Co	la) te	M. D.
	If more	blanks are needed, ad	dress State Registrar	2417 N Charles Street Baltimore P.	71 C 17		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	9	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	5	HA	et si	
5	REC	Y. F	Exac	
MARGIN RESERVED FOR BINDING	N. BWRITE PLAN. Y, WITH UNFADING INK-THIS IS A PERMANENT RECO.	mation should be carefully supplied. AGE should be stated EXACTLY, PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s	ei.
R H	1 PE	F pe	erly	icate
FOI	IS	state	prop	TION is very important. See instructions on back of certificate.
ED	HIS	be	pe	of o
RV.	I	plno	may	back
ESE	INK	B sh	it it	on
R	NG	AG	tha	ions
GIN	AD	ed.	18, 80	truc
IAR	UNI	uppli	tern	e ins
NA K	TH	lly s	lain	Se
	W	refu]	in	tant.
	ZY,	e ca	ATH	nport
	LAN	ld b	DE.	ry in
	G B	shou	OF	s ve
	RIT	tion	USE	Z I
10.1	M	ma	CA	TI
V. S. No. 1	I. B.	(	7	1
>	4	1		1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10202
1. PLACE OF DEATH	10233
County ) ar rest	Registration Dist. No. 35/
Village of City Snew Hell Wel	No
Langth of residance in city or town where death occurredyrs3mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Rasette Davis	
(a) Residence: Np.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
a ary	MEDICAL CERTIFICATE OF DEATH
fernal Caland OR DIVORCED (write the word)	21. DATE OF DEATH  System for 2 193 5 (Month) (May): (May)
5a. If married, widowed, or divorcad HUSBAND of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, that I attended decaased from
6. DATE OF BIRTH (month, day, and year) Nov 28 1916	I last sawer alive on to 1955; dauth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6 50 Pm.
16 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER.	Date of onset
Kind of work done, as SPINNER, Carry factory SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaased last worked at this occupation (month and	Houte Enterities 8/18/2
work was done, as SILK MILL, SAW MILL, BANK, atc.	camo cineras 9/15/31
O Date dacaased last worked at this occupation (month and spant in this	
year) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of imporlance:
(State or country) Orceging	(Mumping tant
13. NAME Frank Davis	
13. NAME Frank Davis  14. BIRTHPLACE (city or town)	Name of operation.
(State or country) North Carolina	What tast confirmed diagnosis? Was there an au'opsyl
15. MAIDEN NAME Comic Haggard	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country) worth Caraline	Where did injury occur?
17. INFORMANT Commission Starts (Addrass) Syan fell ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury
Place Snow Hill In Date Seft 5, 1935	Nature of Injury
19. UNDERTAKER Chasalwwwell	24. Was disaase or injury in any way ralated to occupation of decaasad?
(Addrass) Sylaw/fel/ mg	If so, spacify
20. FILED 7/4/ 1935 LECOY Sweeth.	(Signad) M. D.
Registrar.	(Addrass) State of the state of

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 4 1935	1 2			
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

XX.	em of infor-	should state	f OCCUPA-	
	, WITH UNFADING INK-THIS IS A PERMANENT RE .D. Every item of infor-	arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	I in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
5	PE PE	Y. P.	Exac	
INDING	RMANENT	XACTL	classified.	
OKB	S A PE	tated E	roperly	7-7:7
ED F	HIS I	be st	be p	3-
MAKGIN KESEKVED FOR BINDING	IG INK-T	AGE should	that it may	7 3.7 3 4 7
MAKGIN	UNFADIN	supplied. A	terms, so	
>	, WITH	refully	I in plair	N Y Y

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10294
1. PLACE OF DEATH	67.E)
County Noveeler	Registration Dist. No. 332
Village or City wen Queun Oily	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Terrel & Dryden	
(a) Residence: No Herring Crush.  (bull place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Seft, 1645 199 5
market Market	(Year) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Dyylen	22. HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) 18190	last saw alive on last 13 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated arrove, atm.
65 suches 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteres (elozoter Datapionset
Ontri En, Doomine Li En, Gio	A state of the sta
9. Industry or business in which work was done, as SILK MIRAMINA FARMINA SAW MILL, BANK, etc	Chimany Cause and foram of paralysis 3
10. Date deceased last worked et this occupation (month and spart in this occupation	Goralysia ogitana Duration : fice years.
1- 1- 1-	Other Contributely Causes of importance:
12. BfRTHPLACE (city or town)	Valsty Ogra
13. NAME Um F. Dryden	
	Nome of constitution
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME WILLIAM S PROPERTY SILVER	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT EUN. a modification (Address) Ocan City mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Welson Cem. Date 4-18 ,1931-	Nature of Injury
19. UNDERTAKER Younay Shields	24. Was disease or injury in any way related to occupation of deceased?
(Address) Well Church M.	If so, specify Townsend
20. FILED A 1900 5 S- Muniford Registrar.	(Signed) IM. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis 007 3 1935	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L. PLACE OI	F DEA	ТН		****	93-0	
	County	Wor	cester		WITHIN CON	Registration Dist. No. 3	5
	Village or City Pocomoke City,					No. 204 STXTE	Ward
	Length of resi	dence in ci	ty or town where d	eath occurred	6 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAI					If U. S. Veteran, specify WAR	
			204 Six			St. Ward.	
				(Usual plac		If nonresident give city or town as	d State
_			D STATISTI			MEDICAL CERTIFICATE OF DEATH	
	sex enale		r or RACE		RRIED, WIDOWED, ED (write the word) OW	21. DATE OF DEATH Pocomoke City, September 27th. (Month) (Day)	., 193.5 (Year)
5a.	If married, widow HUSBAND of	ed, or divo	rced				
	(or) WIFE of	M.E	.Duncan			22. HEREBY CERTIFY, That I attende	d deceased from
6.	DATE OF BIRTH (	month, day	, and year) Oct	ober 1	Oth.1865	I last saw here alive on Seft bet. 128	death is said
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, 46 . 15A m.	
	6'	9	11	17	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of enset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, etc.			an cowi f			
OCCUPATION	SAWYER, 9. Industry or	BOOKKEE business in	PER, etc445 which	MPGMII		Pl.	- NA
CUP	9. Industry or work was SAW MIL	done, as S L, BANK, o	SILK MILL,			muste yourself	Serve
00	10. Date decease this occupyear)	ed last wor pation (mo	ked at Sept	• 11, Total sp	time (years) ent in this ife cupation life		- grand of
12	. BIRTHPLACE (cit	ty or town)	Bloxon			Other Coatributory Causes of Importance:	
	(State or coun		Vir	ginia.			
1ER	13. NAME JOI	m Y.	Fitchet	t			
FATHER	14. BIRTHPLACE	(city or to	wn) Accom	ac Cou	nty	Name of operation Date of_	
-	(State or			rginia	•	What test confirmed diagnosis? Was there are	
MOTHER			y Taylo			23. If death was due to external causes (VIOLENCE) fill in also the following	
M	16. BIRTHPLACE (State or		wn) Accom	rginia		Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17	INFORMANT J	ohn I	duncan			(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
10	(Address) (	COM	oke City	Maryl	and.		
10	BURIAL CREMAT	y Ce	etery	DateSent	.29th 19 35	Manner of Injury	
19	. UNDERTAKER	en	con P.s		eeen.	Nature of Injury  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify	
20	/ /	29	N	hm Ti	Relegiotrar.	(Signed) Parliner	) M. D.
		-	If more l	blanks are needed,		2411 N. Charles Street, Battingore, Requesting D. S. No. 1.	111

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:		The principal cause of death and related causes of importance were as follows:	200
Chronic interstitial nephritis	1915	Attack of epilepsy  Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		1 week ago
CONTROL ISSUED TRANS	y usg 0,100.	1	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10296
1. PLACE OF DEATH	
County Warrester	Registration Dist. No. 355
Village or City / 3 erling Mid	ND. St., Ward
- 11	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. If of foreign birth?mosds.
2. FULL NAME Linnie M. En	mist.
(a) Residence: No. Olarlin On	cot Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIVORCED (white the word)	21. DATE OF DEATH Sept 8-1933
55. If married, widowed, or divorced	(Vonth) (Day) (Year)
HUSBAND of (or) WIFE of Piley English	22. I HEREBY CERTIFY, That I ettended deceased from
T M. D 1951	10
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	l last saw alive en , 19 , death is said
(/// 3 // 1 dey,hrs.	to have occurred on the date stated above, at  The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Toute Myotardilio
9. Industry or business in which work was done as SI K MILL	
SAW MILL, BANK, etc. Vacate	
10. Date deceased last worked at this occupation (month and 1916 spent in this year)	
to promine to Gite and an and and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cfor nelferre
13. NAME William H. Mus shall	
14. BIRTHPLACE (city or town) / ///	Namo of operation
(State or country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME (Mary U Preders	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Miss Dardy West	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Long reen Date Sept 10,1935	Nature of injury.
19. UNDERTAKER ING. Bushage	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 9-92 195 Helen F. Harring	If so, specify (Signed M. D.
Registrar.	(Address) - Belley Ind.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

That\_I attended deceased from

Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage A 1935	July 5,1927	Peritonitis	3 days ago
BUREVI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	PLACE OF DE	ATH				Annual Control
County Worcester WITHIN COOP				WITHIN COU	Registration Dist. No. 3	20
	Village or City				No. 2nd & Walnut St.,  death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. If of foreign birth?	
2	FULL NAME	dgar Fon	taine		If U. S. Veteran, specify WAR	
	(a) Residence: No.	2nd & W	alnut (Usual place		St., Ward.  If nonresident give city or town and	
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S		lor or RACE	5. SINGLE, MARI OR DIVORCEL Widow	(write tha word)	21. DATE OF DEATH Pocomoke City September 27th.	, 1935 (Year)
5a.	If married, widowed, or d HUSBAND of (or) WIFE of A	ivorcad .ice Font	aine		22. I HEREBY CERTIFY, That I attended of	decaased from
6. I	ATE OF BIRTH (month,	day, and year) 🏞 e	bruary	13th.1848	im 9/27/35.	; death is said
7. /	AGE Years	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, al. OOPm.	
1	87	7	14	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
OCCUPATION	8. Trede, profession, or particular kind of work done, as SPINNER, Insurance Agent SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				Chronic Myocarditis	
0	this occupation (1	pation (month and 4 8 ) spent in this			,	
12.	BIRTHPLACE (city or tow (State or country)	Somerset			Other Contributory Causes of importanca: Anemia	
ER	13. NAME Charl				Chronic Nephritis both over	a per
FATHE	14. BIRTHPLACE (city or (Stata or country	town)Somers	set Coun	ty	Neme of operation Od Of Years Date of What test confirmed diagnosis? Was there an e	utoney?
ER	15. MAIDEN NAME S	usan Fon	taine		23. If death was dua to external causas (VIOLENCE) fill in elso the following	
MOTHER	16. BIRTHPLACE (city or (State or country		rset Con	inty	Accident, suicide, or homicide? Data of injury	, 19
17.	INFORMANT E. C.L.s. (Address) Ches	rke Font		đ.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL/	
18.	BURIAL CREMATION, OF Place OCOMOR	R REMOVAL In Cemete	ry Sept 2	9th.,1935	Manner of injury	
19.	UNDERTAKER VALLE (Address) OCOI	non P. x	Maryla		24. Was disaasa or injury in any way related to occupation of deceased?	No
20.	FILED Soft 29	, 19 3 5.	hm t. )	Registrar.	(Signad) All alker (Address) Pocomoke City Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BIREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

19. UNDERTAKER (Address)

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Arteriosclerosis   FILODATI V G	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state of OCCUPA-D. Every item of infor-Exact statement WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. classified. TION is very important. See instructions on back of certificate. properly AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE B

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1	. PLACE O	F DEAT	Н	1,11,11			
	County Worcester					Registration Dist. No. 3174	_
	Village or City Stockton					NoSt.,	Ward
	Length of resi	dence in city	or town where	death occurred_7	3 yrs, mos	f death occurred in a hospital or institution, give its NAME instead of street and a second s	umber) sds
2	. FULL NA	ME Id	a A.Go	otee		If U. S. Veteran, specify WAR	
	(a) Residen	ce: No.	Stockt			St., Ward.	
	DEDCON	IAI ANIE	CTATICT	(Usual plac		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3 5	EX		OR RACE	ICAL PART	RRIED. WIDOWED.	21. DATE OF DEATH	
	emale	Whi			ED (write the word)	Stockton, Md. September 22nd. (Month) (Day)	193 5 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of			ward Go	otee	22. Sept. HEREBY CERTIFY, Thet i attended of Sept. 16. 1935, to Supt. 20.	deceased from
6.	DATE OF BIRTH	(month, day,	and year) All	gust 25	th.1862.	i last sew hell alive on Sept 201 1936	; death is said
	AGE Yea	1	Months	Days	if LESS than	to have occurred on the date stated above, at 8 a 30Am.	
	73		**	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dats of onset
NOCCUPATION	9. Industry or work was SAW MII 10. Date deceas this occu	business in s done, as SI L, BANK, et ed last work pation (mont	ed at Sept	OC	time (years) ent in this cupation	Sesebral Benominage Other Contributory Canses of importance:	10 day
~	(State or cou		Haryla	ind.			
FATHER	13. NAME G			act am O			
FA		(city or tow country)	An ex	ester C	ounty	Name of operation Date of	
ER	15. MAIDEN NA			0		What test confirmed diegnosis? Wes there an a 23, if death was due to external causes (VIOLENCE) fill in elso the following	
MOTHER		(city or tow		ester Caryland	ounty	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT W		n Edwar	rd Goot	<u>ee</u>	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	c) ICE.
18	Place Stockton, Hd. Pate Sept. 24th 1935					Manner of injury	
19.	UNDERTAKER	hico.	1.2	Stev	euson	24. Was disease or injury in any way related to occupation of deceased?	No
20.	FILED Supt	44	31	mary	m. Taylor Registrar.	(Signed) John D. Dickellery	M. [

If more blanks are goded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 9 1935	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
enge u V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

stated EXACTLY. PHYSICIANS should state

D. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940 10301
county Worcesler	Registration Dist. No. 35/
Village or City Snow Hill	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
( ) By Collet 11 and	NA-
2. FULL NAME CHAMES COOK Agreem	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (corrighte word) Sal If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)  22. ALMEREBY CERTIFY. What / Lattended deceased, from-
6. DATE OF BIRTH (month, day) and year) hele, 12 - 1863 7. AGE Years Months Days If LESS than	I last say h Associated above, at 7.4.m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, es SPINNER, Carples CV	Ceyonary Mromboses 9/13/35
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked At this occupation (month and year)  11. Total time (years) spent in this occupation  Occupation	Dead for arrival
12. BIRTHPLACE (city or town) Wisconsyn	Other Contributory Causes of Importance;
13. NAME Puffus a. Anen	
13. NAME Ruffees a second	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT MUSICALIA (C. Address)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMOVAL PLACE & COMPANIES HILL DATE DELTH . 15., 1935.	Manner of injury
19. UNDERTAKER Spanne + Alexand f. (Address) Spanne Film	24. Was disease or injury in any way related to occupation of deceased? 21.
20. FILED 9/14, 1935 TELOS Decella Registrar.  If more blanks are meeted address State Registrar.	(Signed) M. D.  (Address) Discol M. D.  (Address) Street, Ballimore, Requesting U. S. No. 1.

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The principal cause of death and related causes in importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
	1113 1		
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOLECULAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	0249
1. PLACE OF DEATH				1000
County Wascas Co	え.		Registration Dist. No. 3 3 2	) <
Village or City January	in R. F	8.	NoSt.,	Ward
Length of residence in city or town wh	ere death occurred		death occurred in a hospital or institution, give its NAME instead of street and nur ds. How long in U.S. If of foreign birth?yrsmos.	
2. FULL NAME Texas	e wash	ington ,	Ladder.	
(a) Residence: No.	Restriction (Usual place	of abode)	J. Ward.  If nonresident give city or town and St	ate
PERSONAL AND STATI	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX A. COLOR OR RACE white		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Solution of Day)	193 S (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	18	777	I last saw be alive on St. 51-193.C	deeth is said
7. AGE Years Months	Deys	If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		) ormin.	ware as follows:	Date ol onsat
Industry or business in which	0	•••••	Deobelis	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Farin	er.	milleting	
IO. Date decessed lest worked at this occupetion (month and year)	spei	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) ) (Stete of country)	rylan	d.	Other Coutributory Causes of importance:	
1	tadde	٨.	-	
13. NAME Stephen  14. BIRTHPLACE (city or town)  (State or country)	md.		Name of operation Date of Was there an aut	aney?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	a Reis	( -	23. If death wes due to externel causes (VIOLENCE) fill in also the following:	,
16. BIRTHPLACE (city or town)	ma		Accident, sulcide, or homicide? Date of injury  Where did injury occur?	, 19(
I7. INFORMANT MA Jole (Address)	a Had	du.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	and Date Se	6/24,1925	Menner of injury	
19. UNDERTAKER (Address)	urbon		24. Was disease or injury in eny way related to occupation of deceased?	-
20. FILED LEPT 14 1985-1	V Mum	le sel la Registrar.	If so, specify (Signed) (Address) (Address)	M. D
If,	nore blanks are needed	- VIV		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	il ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state item of infor-

OCCUPA.

Jo

ALLEAGE OF BEATH		( 23)	
County Morcesler		Registration Dist. No. 3 3	-2
Village or City Bully	1 ma arra II.	No. St.,  death occurred in a horpital or institution, give its NAME instead of street and  ds How long in U.S. if of foreign birth? yrs	
7/1	/ O -O. /		nosos
2. FULL NAME I ara	ares C. Ja	asungs	
(a) Residence: No. Y U av [	(Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, SEX 4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 15  September 15  (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year)	aslings	22. I HEREBY CERTIFY. That i attendage 19.32 to date of de	```
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 1.30 fm.	
29 10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	10.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	lousewife.	Preparay tuberculous	8 15
18. Date deceesed last worked et this occupation (month and yeer)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Males (State or country)	gland.	Other Contributory Causes of importance;	
13. NAME Selections	Carry hell.		
13. NAME   14. BIRTHPLACE (city or town)   Casas   (State or country)	hellown md	Name of operation Date of Whet test confirmed diagnosis? X_RUM Was there an	autopsy?
15. MAIDEN NAME Janua	Croes.	23. If death was due to external causes (VIQC PNCE) fill in also the followin	
15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. City of town   18. City or town   18. City of town   18. City	lassiase:	Accident, sulcide, or homicide? Date of Injury  Where did injury occur?	
17. INFORMANT (Address)	Lasting:	(Specify city or town, county and Sta Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bushing occle, 11	Hope 1 79 35	Manner of injury	
19. UNDERTAKER J.W., Bu. (Address) Bu.	rbage ned.	24. Was disease or injury in any way related to occupation of deceased?	

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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Example #   V E D		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  3 1935	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1 B OCCUPA-

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 103	95
1. PLACE OF DEATH	91.0	., .,
· County Workslew	Registration Dist. No. 35/	
Village or City Gualibres	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.
	If U.S. Veteran specify WAR // D	
2. FULL NAME (Marles) D. Sonls		Personna
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 54. If married, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Yac	ar)
HUSBAND of Mollie Jones	22. I HEREBY CERTIFY That I attended deceased May 1935, to Select 19.	from
6. DATE OF BIRTH (month, day, and year)	I last saw he alive on Sept 16. , 1935; death	ls sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	fonset
8. Trada, profession, or particular kind of work dona, as SPINNER,		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SINDERMARKET OF STANDARD OF STAND	Or 1 A A A COLL	
CAW MILL BANK etc	Yalvuran revenue	
10. Date deceased last worked at this occupation (months and 1935)  11. Total time (years) spant in this occupation occupation	of theast	1/ 4 .
year) occupation	Other Contributory Causes of importance:	20.
12. BIRTHPLACE (city or town) Mary Cand	Cities Community Courses of Importance.	
II 13. NAME LESSE Jones		
14. BIRTHPLACE (city or town)	Name of operation_k	
1 (State of country)	What test confirmed diagnosis? Was there an autopsy?.	
15. MAIDEN NAME Othrine Roufly	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?	
X (State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (SCIENCE) Space / Norfold	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Spring Hell and Date Fift: 17, 1935	Nature of Injury	
19. UNDERTAKER Ty lamb + Dannes (Address) Surver Will MO	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 9/17, 19 35 REDOG Secrets	(Signed) John Dekenson (Address) Stockton, Man	_M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of enset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage C.T 4 1933	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

6

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	4
SIR	
MI	
XX	

should state OCCUPA-

PHYSICIANS Exact statement stated EXACTLY. properly classified. AGE should be supplied.

MARGIN RESERVED FOR BINDING

certificate. See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully TION is very important. -WRITE PLAN N. B.

1. PLACE	OF DEAT	H		1/1/ 1/1		
County	Worce	ster				
Village	or CityPo_	comoke			3 yrs. 4 n	No. R.F.D.  (If death occurred in a hospital os. How long in
	NAME_Ho	race.T		nes (Usual place		If U. S. Ve
PERS	ONAL AND	STATIST	ICA	L PART	CULARS	MEDIC
3. SEX Male	4. COLOR Whi	or race	5. 8	Single, MAR Single, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEA
(or) WIFE	of					22. aug, 13,
6. DATE OF BIE 7. AGE	RTH (month, dey, Yeers	Months	ril	Days 24	1932. If LESS then 1 dey,h ormin.	to heve occurred on the d The PRINCIPAL CAUSE ( were as follows:
9, Industry Wor SAV 10. Deta do this yee  12. BIRTHPLAC	profession, or per d of work done, e  YYER, BDDKKEEP  y or business in  k was done, es Si  W MILL, BANK, et  accesed last work  occupation (monification) CE (city or town)	s SPINNER, ER, etc	ry.	\$p0	time (yeers) ent in this upetion	Dther Contributory Cause
(Ste	Horace PLACE (city or tow ete or country) N NAME Vani	wn) Worc	est ryl	and.	ounty	Neme of operation
16. BIRTHE	PLACE (city or tow ete or country)	vn) Accor	nac		ty	23. If death was due to ext Accident, suicide, or hom Whera did injury occur? Specify whether injury oc
(Address 18 BURIAL CR Piece 11	7/	Ne Ci	d.		t 6th 193	Menner of Injury

Registratio	n Dist. No.	
No. R.F.D. #3.	St.,	Ward
0		
ds. How long in U.S. if of foreign birth?	yrsn	10sds.
If U. S. Veteran, specify WAR_		
_St.,Ward.	ent give city or town and	1 State
MEDICAL CERTIFICAT	E OF DEATH	
1. DATE OF DEATH		
September (Month)	(Day)	_, 1935 (Year)
	Oept 4, 00Am.	deceesed from 19.35 ; death is said
The PRINCIPAL CAUSE OF DEATH and releted cowere as follows:	euses of importence	Date of onset
		Date of onset
Mente Ayels  meaning, Sente gastron as  Dither Contributory Causes of Importance:		9 13,13
Neme of operation	Date of_	Aves
What test confirmed diegnosis?	Wes there en	eutopsy?
3. If death was due to external causes (VIOLENCE	) fill in elso the followin	ng:
Accident, suicide, or homicide?	Dete of injury	, 19
Whera did injury occur?		
(Specify city Specify whether injury occurred in INDUSTRY, In	or town, county and St HOME, or In PUBLIC P	LACE.
Menner of Injury		
Neture of Injury24. Wes diseese or injury In any way releted to oc		м. с

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SE	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Worceall	Registration Dist. No. 35/
Village or City Show Sill	NoSt., W. death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whara death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Jellie Marshall	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDGWED, OR DIVORCED (write his word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tosea 6 Marshall	22. THEREBY CERTIFY, That lattended deceased
6. DATE OF BIRTH (month, day, and year) June 25 1881	i last saw le alive on 105 J.; daath is
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated mova, at
8. Trada, profession, or particular	were as follows: Date of o
Kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	1:2-
9. industry or business in which work was done, as SILK MILL,	Cardio Carcular renal Con
SAW MILL, BANK, etc	disease the
year) occupation / gray	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)  (State or country)	Munimpu tant
13. NAME John & Punell	Crecur georgia de la
13. NAME Some Some Some Some Some Some Some Some	Name of operation Date of Date of What test confirmed diagnosis?
15. MAIDEN NAME WONT MONT	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT JOSOG 6. Marshall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plan Safution Com. Date 18. 32, 1935	Manner of injury
19. UNDERTAKER LIPEARINE LINESY	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) Snow Will my	if so, spacify
20. FILED 9/20, 1935 RELoy Swith	(Signed) Supulful Me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis OCT 4 1005	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



PHYSICIANS should state RECORD. Every item of inforof OCCUPA-

Exact statement

properly classified.

certificate.

See instructions on back of

TION is very important. CAUSE OF DEATH

# STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L PLACE OF DE	ATH			23		
	County_Word	ester			Registration Dist. No. 350		
Village or City Poconoke City					No. R.F.D. # 2.	Ward	
				3 2	f death occurred in a horpital or institution, give its NAME instead of street and n	umber)	
						sds.	
	2. FULL NAME I				If U. S. Veteran, specify WAR		
	(a) Residence: No.	R.F.D.	# 2. (Usual place	of abode)	St., Ward.  If nonresident give city or town and	C	
-	PERSONAL A	ND STATISTI			MEDICAL CERTIFICATE OF DEATH	State	
3.	SEX 4. COL	OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Pocomoke City, September 28th	193 5	
5a	If married, widowed, or di-		A Copula da da	04	(Month) (Day)	(Year)	
	HUSBANO of (or) WIFE of Indi	a Merril	1		22. I HEREBY CERTIFY. Thet I attended	deceesed from	
		•			Hung 27, 1971, to Defice 20	, 19.J.J	
-	DATE OF BIRTH (month, d	1	uly 5th			; deeth Is self	
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 1 • OOA m.		
1	63	2	23	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Oate of onset	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer					97	
OCCUPATION	- Industry or husinges	In which	1.00,1.11.0.4			420:30	
SUP	work wes done, es	. etc.	*****				
S	10. Date deceased last w this occupation (m	orked at 1935	11. Total ti	ime (yeers) ntin this Life			
	year)	1300	occi	ipation	Other Contributory Causes of importence:		
12	BIRTHPLACE (city or town	Vorcest	er Coun	ty	P	0.00	
~	(State or country)	Maryla	nd.		Vulmonary Luturalini	abour	
FATHER	13. NAME Thomas		1			2400	
AT	14. BIRTHPLACE (city or			unty	Neme of operation Oete of		
_	(Stete or country)		yland.		What test confirmed diegnosis?	utopsy?	
MOTHER	15. MAIOEN NAME 11		Burton		23. If deeth wes due to externel ceuses (VIOL ENCE) fill In also the Tollowing	:	
TOT	16. BIRTHPLACE (city or			ty,	Accident, sulcide, or homicide? Date of injury	, 19	
	(Stete or country)		inia.		Where did injury occur? (Specify city or town, county and State	.)	
	(Address) OCON	oke City	rrill V. Maryla	end.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.	
.18	BURIAL, CREMATION, OR		Ypate Sept	30th 35	Menner of injury		
_	Plecepoconoic	e City	Pate.		Nature of injury		
19.	UNDERTAKER DEM	could	Sleve	uson	24. Was disease or injury in any wey related to occupation of deceesed?	ko	
-	(Address)POCOI	oke City	Maryla	nd.	If so, specify		
20.	FILED Sep. 29	1935	Am 1.	Keley	(Signed)	M. 0.	
		-		Registrar.	(Address)		

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Chronic interstitial nephritis OCT 3 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 4



stated EXACTLY. PHYSICIANS should state

item of infor-

Exact statement of OCCUPA-

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	/	ATHIN GOSPOBAL & LIMITE & (62)
County Warce	sling.	Registration Dist. No. 350
Village or City	is be ten	NoSt.,Ward
Length of residence in city or town where death	occurredyrsmoe	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Harr	et Mela	Lee 4. U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	hetal. 00	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	42-1850	I last saw h
7. AGE Years Months	Oays  If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		the deceased death was from old
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		death from a natural cause inquest not nessasary
10. Date deceased last worked at this occupation (month and year)	II. Total time (yeers) spent in this occupation	Na other cause, but ald sgen no further infor-
12. BIRTHPLACE (city or town)	rset Co,	Other Contributory Causes of Importance: mation - Closer
(State or country)  13. NAME	bourn	no physician in attendances
14. BIRTHPLACE (city or town)		Neme of operation Oate of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	4/	23. If deeth wes due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	( /	Accident, suicide, or homicide? Date of injury, 19
(State or country)  17. INFORMANT (Address)	retalell	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18-BUBIAL, CREMATION, OR REMOVAL	Dete 20 14 29 1933	Manner of Injury
19. UNDERTAKER Bollar	& Bros	Neture of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sef. 29, 1925	7. Riley	If so, specify Registrar. M. D
<i>16</i> 11	Registrar.	(Address) POCOMOKOCity . Mary lands

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis Run over by street car 1921 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year



County Wareistes Registration Dist. No. 8 3	
	2
Village or City / Bushin Md No. St.,	Ward
(If death occurred in a horpital or institution, give its NAME instead of street a  Length of residence in city or town where death occurred 2 9 yrs	
2. FULL NAME Ministred a Pruitt	
(a) Residence: No. / Dustin and St., Ward.	
(Usual place of abode)  If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  Month (Day)	, 193
5a. If married, widowed, of divorced HUSBAND of (or) WIFE of Carlfon Oruste 22. 1 HEREBY CERTIFY, That I atten	led deceased from
6. DATE OF BIRTH (month, day, and year) Sent, 22 1895 Hast saw he alive on Child 31 195	S; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above 18 m.	
39 11 9 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDOKKEEPER, etc.	/ 934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) Occupation Dther Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	
13. NAME CASHING BANGLEY	
14. BIRTHPLACE (city or town) Data of State or country)	
(State or country)  What test confirmed diagnosis?  Was there	
15. MAIDEN NAME addie Hastings 23. If death was due to external causes (VIDLENCE) fill in also tha follow	wing:
15. MAIDEN NAME Addie Austring 23. If death was due to external causes (VIDL ENCE) fill in also tha follo Accident, suicide, or homicida?	, 19
Where did injury occur! (Specify city or town, county and	
17. INFDRMANT OUR TOUR Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC (Address)	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	*
Place Lille Matter Date Sept. 3., 1935 Nature of injury	
19. UNDERTAKER 1. 13. Ask face 24. Was disease or injury in any way related to occupation of deceased	mi
(Address) Bullin Mid, If so, specify	
20. FILED SEL 3, 19 85 - IV Weight Registrar. (Address) Bank Res	M. D.

If more blanks are needed, addren State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Exam	ple I	79 11	Example II	
The principal cause of death a of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	00 3 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	



## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Worcest	er	Registration Dist. No. 3 5	1
Sugar M	21:00		
Village or City	WW LINE	No. St., death occurred in a hospital or institution, give its NAME instead of street and a	umber)
Length of residence in city or town w	where death occurred yrsmos	ds. How long in U.S. if of foreign birth?mg	6de
2. FULL NAME Mars	les a l'el Fumelle	If U. S. Veteran, specify WAR Med Morlo	May
(a) Residence: No.		St., Ward.	
DEDCONAL AND CTAT	(Usual place of abode)	If nonresident give city or town and S	State
3. SEX 4. COLOR OR RACI	ISTICAL PARTICULARS  5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Colored	OR DIVORCED (write the word)	(Month) (Day)	193 (Year)
/5a. If merried, widowed, or divorced HUSBAND of	$\cdot / D = n$	22.   HEREBY CERT! FY. That I attended d	loansed from
(or) WIFE of	ya D. Teenell		
6. DATE OF BIRTH (month, day, and year)	July 30 1895		; death is sai
7. AGE Years Mont		to have occurred on the date stated above, at 133-1-1-m.	
47 10	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or perticular kind of work done, as SPINNE	Jandutaku)	Ful immediately from grang	Date of onse
SAWYER, BOOKKEEPER, etc	40,000,000,000	shot mmu, hi houten	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	•••••	M. address and land	
10. Date deceased lest worked at this occupation (month and	11. Total time (years)		
year)	occupation /	Other Contributory Causes of importance:	
12. BIRTHPLACE (city)or town)	PANILON AL		
(State or country)	avyamy on		
13. NAME amb /	· Krunell		
14. BIRTHPLACE (city or town)	Tout Von	Name of operation Date of	
c (Statewill Country)	HA LAHO	What test confirmed diagnosis? Was there an at	utopsy?
I 15. MAIDEN NAME . MULES	all Just	23. If death was due to externel causes (VIOLENCE) fill in also the following:	10 0.
16. BIRTHPLACE (city or town)	Mount of	Accident, suicide, or homicide? Assets Come to Survey Where did Injury occur? Who as to Come to Survey	19 2
WI III E	1 1 1	(Specify city or town, county and State	y ran o
17. INFORMANT	Harley and	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	NACH MAY	Manner of injury & mostant worm of	
Place General Cuy	Date 11/10 90, 1935	Neture of injury in left temple	
19. UNDERTAKER PRATIS	whee NA	24. Wes disease or injury In any way related to occupation of deceased?	m
(Address)	Hill med	If so, specify	
20, FILED 9/2 of 19 35 6	RECon Switch	(Signed) Walter by line f. P. luting Co	sond H.
1	Registrar.	(Address) Inon This mid.	

MARGIN RESERVED FOR BINDING

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Evample II

Example 1			Example 11	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEFER	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 4 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIA
---	------------	---------	------------	------------	----	----------



stated EXACTLY. classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY,

properly

PHYSICIANS should state

of OCCUPA-

Exact statement

item of infor-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(173)
county Worcester	Registration Dist. No. 35/
Village or City near Smow Hill	NoSt.,Ward
16	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & Slonia lo Primeto	74
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Color of RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Charles a. Furnell	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) City . 12 1896	I last saw h alive on, 19; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 12 m.
39 / P ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	oug mudigtely from gens
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked by this occupation (month one) his occupation (month one) seen in this	alter and
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked by this occupation (month and year) spent in this year)	
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Other Coutributory Causes of importance:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E	Name of according
14. BIRTHPLACE (city or town)	Neme of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Coffie Waters	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  15. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Turning Date of injury 9/18, 1935;
State or country) Manykany	Where did Injury occur? N uses In Corns of Mary Tand (Specify city or town, county and State)
17. INFORMANT My M. E. Hengel	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) ONOW WILL MADE	m Noras
Plassellines ex amelia Dato Del QD 1935	Nature of Injury is army and me left hear
6/	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND A SEGMENT TO MENTAL MENTA	If so, specify
20. FILEO. 9/20, 1935 RECoy Secults.	(Signed) Walder Cross of acting Grand m. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	DI	Example II	
The principal cause of death and related causes of importance were as follows: 4 1955	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			115112-341-39

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 10313

este =	Registration Dist. No. 351
lletros	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
9 /	ds. How long in U.S. If of foreign birth?yrsmos,ds.
elilda & Thley	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
S. SINGLE, MARRISD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
de Riley	22. SHEREBY CERTIFY That I attended daceased from
n 19 75 9 100. 1873	I last saw be a live on the data data data and the data data data data data data data dat
nths Days If LESS than I day,hrs. ormln.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
IER, Home	appoplety
L,	
11. Total time (years) spant in this occupation. 40.	Othar Contributory Canses of Importance
and 17 Zittlista	
Qa,	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
jobsto Wisolo	23. If daath was due to external causes (VIOLENCE) fill in also the following:
Qa.	Accident, suicide, or homicide?
Eletra I and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
All Date Sept. 19, 1935	Manner of Injury
- Hill mo	24. Was disaase or injury In any way related to occupation of decaased?
- LE Roy Suuth Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V.S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVEI  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onsat
Chronic interstitial nephritis OCT 4 1655	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BYIRPALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Other contributory causes of importance:  Gallstones	May 1,1923		1 y



N. B.

2	Jo		-
TOTOTAL	statement		
Y . I	Exact		
TOUV	E OF DEATTY in plain terms, so that it may be properly classified. Exact statement of		
Stated	properly	is very important. See instructions on back of certificate.	
ne	be	of	
Should	it may	n back	
AGE	o that	tions o	
applied.	terms, s	e instruc	
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Cale	THE IN	portani	
3	V.	E	
Silouic	OF I	very	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10314
1. PLACE OF DEATH	59
County Worker	Registration Dist. No. 33
Village or City POCOMOKE CITY R.F.D. #	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORD DIVORGED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Health	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Plast saw h alive on 1937 : death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	more 1830)
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT A CONTROL (Address)	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR BEMOVAL Place Date 25, 1935	Manner of injury
19. UNDERTAKER SCRIPTION STEERINGS	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Soft 23, 195 - John I Registrar.	(Signed). (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	Manage
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIVITITION	OI ALUE	LOIL	I ORTHITIC	STATEMENTS	TO Y	THEFORDIVIN

1 year



N. B.-

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Warlester	Registration Dist. No. 355
Village or City Mewach md	NoSt.,Ward
1-2	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Eliza le Anes	
(a) Residence: No. Yewark	St., Ward.
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (norite tha word)	21. DATE OF DEATH 25 193 (Yaar)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Jule July	22.   HEREBY CERTIFY, That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Het 17, 1882	i iast saw h elive on, 19; death is said
7. AGE Years Months Days I If LESS than 1 day,hrs.	to have occurred on the date stated above, at ## S  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of officer
9. ipdustry or businass in which work was done, as SILK MILL,	Julianary J. 13
a pontin this	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	_
II 13. NAME george Chapque	
13. NAME Jeonge Clary 9 is  14. BIRTHPLACE (city or town)	Nama of oparation Data of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
I 15. MAIDEN NAME Watering Auction	23. if deeth was dua to axternal causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  S (State or country)	Whera did injury occur?
17. INFORMANT Suite Menue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Produce Chapel Doto Lept 24,19.33	Natura of injury
19. UNDERTAKER Durhage	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 9-28-, 185 Telen F. Haywa	(Signed) M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10316
1. PLACE OF DEATH	<u> </u>
County Wolledler Co	Registration Dist. No. 3 S
Village or City City (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whera daath occurredyrs,mos.	
2. FULL NAME Galy, Junious	If U.S. Veteran apecify WAR
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 193 3 5
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and yaer) Sent. 29, 1935.	19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
0 0 1 day, 0 hrs. or 0 min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	J. 10 fore 1 20 00 00
9. Industry or business in which	sendevile
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate dacaased lest workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sun Tries	Other Coatributory Causes of Importanca:
(State or country) Wollsten (e)	
13. NAME de roy Turques  14. BIRTHPLACE (city or town) Brown Plague	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
IS. MAIDEN NAME MOSEL Colesabettallakh	What test confirmed diegnosis? Was there an autopsy?  23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Oate of Injury, 19
State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMAN Faller Lary duriouse (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Datate Central pate Sept 29, 1935	Manner of Injury
Sattle Comments	24. Was disease or Injury In any wey ralated to occupation of deceased?
19. UNOERTAKER TALLELE, LOGICAL (Address)	If so, spacify DO 1 Store The LORGE
20. FILED 9/29, 1935 RE/Cery Scelly Registrar.	(Signed) Settle Mod M.D.  (Addrass) Show Tree Mod

If more blanks are deeded, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis L. C. V. F. D.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 OCT 4 1905			
Other contributory causes of importance: S.		Other contributory causes of importance:	Maria de la compansión
Gallstones	May 1,1923	Gastroenteritis	1 year

A	DDITIONAL	SPACE FOI	PHENTHER	STATEMENTS	BV	PHYSICIAN	
A.	DUITIONAL	SPAUL FUI	trukinek	STATEMENTS	DI	PHISICIAN	



# -WRITE PLA ż

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	ATH -		93:0)
County 10	useer		Registration Dist. No. 352
Village or City N	can re	work.	NoSt.,Ward
Length of residence in	city or town where		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
	0	1 . 1 1 0	10 10 10 10 10 10 10 10 10 10 10 10 10 1
2. FULL NAME	oscar	Weve.	
(a) Residence: No.		(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL A	ND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male or	OR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF BEATH 16 , 193 5 (Month) (Dey) (Year)
5e. If married, widowed, or di HUSBAND of (or) WIFE of	vorced		22.   HEREBY CERTIFY That I ettended deceesed from
6. DATE OF BIRTH (month,	tay, and yeer)	March 3, 1919	I lest sew h Long alive on Cept Lo 1995; death is said
6. DATE OF BIRTH (month, of 7. AGE Years	Months ()	Deys If LESS than	to have occurred on the date steted ebove, atm.
16	1 6	1 3   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or	perticular		Heart-Ucule 7
kind of work don SAWYER, BOOKK OF SAWYER, BOOKK OF SAW MILL, BANY OF DEEP SAW MILL, BANY OF This occupation (n			delalation !
9. Industry or business work was done, e	s SILK MILL.	STATE OF THE PARTY	Pairmany/ Cause & acute myocarditian some-
SAW MILL, BANK	, etc	11. Totel time (years)	- lion: one week center.
- I time coompanion (n	nonth and	spent in this	
12. BIRTHPLACE (city or tow (Stete or country)  13. NAME  13. NAME	20111	0.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or tow (Stete or country)	n) YY arc	ground.	Charles forth
(State of country)	1	1.0	ference of the
	aur -	weve.	grace from occar.
		ud.	Name of operation Date of
1	)	1	What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or (Stete or country)	huma	a Trull.	23. If deeth wes due to external causes (VOLE) fill in elso the following:
16. BIRTHPLACE (city or		na.	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country	) -1		Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT	o. Aras	vork. on.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL	9.1.	Menner of injury
	ul-lens	Dete Seff. 16 19 3 5	Neture of injury
19. UNDERTAKER	W. B.	rbore	24. Wes disease or injury in any way releted to occupation of deceased?
(Address)	Berl	in med	If so, specify A'DO S D L
Sept1	2.30- 0	OF Henry land	(Signed) Cafford, 6. Cholm. D.
20, FILED	., 19	Del Registrar.	(Address) Derley Mg

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onse	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 3 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,19	7 Peritonitis	3 days ago
to the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,19	3 Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE O	)F DE	AIF
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10318

1. PLACE OF DEATH			(S)		
County Worcester			Registration Dist. No. 353		
Village or CityBishop		(li	death occurred in a hospital or institution, give its NAME instead of street and number)	ard	
	death occurred		ds. How long In U.S. if of foreign birth?yrsmos	.ds.	
2. FULL NAME STILLB	ORN YEOME	N			
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Female Colored		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  Sept. 19, 193 5  (Month) (Oev) (Year)		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. ! HEREBY CERTIFY, That I attended deceased f 9/19 19 35 to 9/19 19 3	. Des	
6. DATE OF BIRTH (month, day, and year)	ept. 19,	1935.	Hest sew h. er Grad 9/19 19 35 death is		
7. AGE Years Months	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at		
	11. Total t	ilme (yeers) nt in this upetion	Other Coatributory Caases of importance:		
(State or country)	Veomon		, , , , , , , , , , , , , , , , , , , ,		
13. NAME Starlzen Yeomen  14. BIRTHPLACE (city or town) Georgia (State or country)			Name of operationOate of	no	
15. MAIOEN NAME Retta C.	Pitts		23. If death was due to externel causes (VIOLENCE) fill in also the following:		
15. MAIOEN NAME Retta C. Pitts  16. BIRTHPLACE (city or town) Maryland (State or country)			Accident, suicide, or homicide?		
17. INFORMANT Retta Pi	tts		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Mission			Manner of Injury		
19. UNOERTAKER Elizah Pitts (Address) Bishop,	Md.		24. Was disease or injury in any wey related to occupation of deceased? NO  If so, specify		
20. FILED 9/19 , 19 35 J	ames L. Ry	an Revistrar.	(Signed) SEJacues N	1. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ूर्व प्र			
Other contributory causes of importance:  Gallslones	Mar 1,1923	Other contributory causes of importance:	1 year